



Indiana Department of Environmental Management  
 NPDES General Permit Notice of Intent (NOI) Letter Submittal Application  
 327 IAC 15-11 Wastewater Discharge Associated with Hydrostatic Testing of Commercial Pipelines

I. PURPOSE OF SUBMITTAL:				
Please check one box. Also provide existing permit number and reason for modification if applicable. You may attach additional sheets if they are needed.				
NEW	RENEW	MODIFY	EXISTING PERMIT NO.	IF MODIFICATION WHAT IS CHANGING

II. GENERAL INFORMATION										
Complete all boxes in sections a and b for name of company and person who is to receive the permit. Complete boxes in sections c, d, e, f, g, h, and i or fill in N/A for non-applicable as they apply for the facility that the permit is to apply to.										
a. APPLICANT NAME (TO THE ATTENTION OF)					e. FACILITY SIC CODE		f. FACILITY COUNTY			
b. APPLICANT'S COMPANY AND COMPLETE MAILING ADDRESS					g. LATITUDE AND LONGITUDE OF APPROXIMATE FACILITY CENTER					
<u>COMPANY NAME</u>					<u>Latitude</u>			<u>Longitude</u>		
<u>STREET ADDRESS</u>					<u>degree</u>	<u>minute</u>	<u>second</u>	<u>degree</u>	<u>minute</u>	<u>Second</u>
<u>CITY</u>										
<u>STATE</u>			<u>ZIP CODE</u>							
c. FACILITY NAME					h. FACILITY CENTER TOWNSHIP, RANGE, SECTION, QUARTER SECTION					
					Township		Range		Section	
d. FACILITY MAILING ADDRESS					i. FACILITY PHYSICAL LOCATION IF DIFFERENT FROM IId					
<u>STREET ADDRESS</u>					<u>STREET ADDRESS</u>					
<u>CITY</u>					<u>CITY</u>			<u>STATE</u>		<u>ZIP CODE</u>
<u>STATE</u>			<u>ZIP CODE</u>							

III. CONTACT INFORMATION AUTHORIZED SIGNATORY	
This section applies to the responsible corporate officer and/or alternate person who is authorized in writing by the responsible corporate officer to carry signatory responsibilities for the facility under 327 IAC 15-4-3 (g). Please complete all boxes or mark N/A for non-applicable. If the signatory is not a corporate officer please also submit the letter from the responsible corporate officer granting him/her this authority.	
a. APPLICANT SIGNATORY CONTACT PERSON AND TITLE	d. ALTERNATE PERSON TO ANSWER QUESTIONS
b. APPLICANT SIGNATORY CONTACT PERSON TELEPHONE	e. ALTERNATE PERSON'S TELEPHONE
c. APPLICANT EMAIL ADDRESS	f. ALTERNATE PERSON'S EMAIL ADDRESS

IV. OTHER CONTACT INFORMATION			
DISCHARGE MONITORING REPORTS CONTACT AND MAILING INFORMATION		c. <u>CONTACT AND COMPANY NAME</u>	
a. <u>CONTACT TELEPHONE NUMBER</u>		d. <u>STREET ADDRESS</u>	
b. <u>CONTACT EMAIL ADDRESS</u>		e. <u>CITY</u>	f. <u>STATE</u> g. <u>ZIP</u>
ANNUAL FEE AND FINANCIAL CONTACT AND BILLING ADDRESS		j. <u>COMPANY AND CONTACT PERSON NAME</u>	
h. <u>CONTACT TELEPHONE NUMBER</u>		K. <u>STREET ADDRESS</u>	
i. <u>CONTACT EMAIL ADDRESS</u>		l. <u>CITY</u>	m. <u>STATE</u> n. <u>ZIP</u>
OTHER CONTACT AND MAILING INFORMATION (SPECIFY BELOW)		q. <u>COMPANY AND CONTACT PERSON NAME</u>	
o. <u>CONTACT TELEPHONE NUMBER</u>		r. <u>STREET ADDRESS</u>	
p. <u>CONTACT EMAIL ADDRESS</u>		s. <u>CITY</u>	t. <u>STATE</u> u. <u>ZIP</u>

V. RULE QUALIFICATION:
<p>The purpose of this rule is to establish requirements for point source discharges of wastewater associated with hydrostatic testing of commercial pipeline. "Hydrostatic testing of commercial pipelines means the discharge from conveyance, used for collecting and conveying wastewater which is directly related to commercial pipelines, including discharge of water used for hydrostatically testing new or existing pipelines. Is this consistent with this facility's operation and discharges?</p> <p>(please check one) <b>YES</b> _____ <b>NO</b> _____</p>
<p>Please provide a brief description of the facility operation that results in the discharge if the answer to the above question is no or if you feel further explanation is needed. You may attach additional sheets.</p>

VI. OUTFALL INFORMATION:										
Please fill out for all outfalls. You may attach additional sheets if necessary.										
a. OUTFALL NO.	b. LATITUDE			c. LONGITUDE			d. TYPE OF WASTEWATER DISCHARGED	e. RECEIVING WATER	f. is initial discharge to storm sewer?	g. IF YES PROVIDE NAME OF MUNICIPAL OPERATOR OF STORM SEWER
	deg.	min.	sec.	deg.	min.	sec.				
									Y / N	
									Y / N	
									Y / N	
									Y / N	
									Y / N	

#### **VII. POTENTIALLY AFFECTED PERSONS FORM**

Pursuant to IC 4-21.5 it is required that a Potentially Affected Person form be completed and submitted with this application. The form is attached.

**Please fill out this form in its entirety and submit it with the application.**

#### **VIII. PROOF OF PUBLICATION**

It is required that a public notice statement be published in a newspaper of largest circulation in the area where the discharge(s) will be occurring. This publication must be in the newspaper for a minimum of one day, and must include the following language: (your facility name, address, address of the location of the discharging facility, and the streams receiving the discharge(s)) "is submitting a Notice of Intent letter to notify the Indiana Department of Environmental Management of our intent to comply with the requirement under 327 IAC 15-11 to discharge wastewater associated with hydrostatic testing of commercial pipelines. Any person aggrieved by this action may appeal in writing to the Environmental Law Judge of the Office of Environmental Adjudication for an adjudicatory hearing on the question of whether this facility should operate under this NPDES general permit rule. An appeal must be postmarked no later than fifteen (15) days from the date of this public notice. Such a written request for an adjudicatory hearing must:

- (A) state the name and address of the person making the request;
- (B) identify the interest of the person making the request;
- (C) identify any persons represented by the person making the request;
- (D) state with particularity the reasons for the request;
- (E) state with particularity the issues proposed for consideration at the hearing; and
- (F) state with particularity the reasons why the NPDES general permit rule should not be available to the discharger identified in this notice.

Any such request shall be mailed or delivered to:

Office of Environmental Adjudication  
Indiana Government Center – North  
100 North Senate Avenue, Room 501  
Indianapolis, Indiana 46204"

**Please attach proof of publication of this statement from the newspaper to the application and submit both together.**

#### **IX. APPLICATION FEE:**

A fee is required to be submitted with this application in accordance with IC 13-18-20-12. The fee is \$50 for initial submittal (for a new permit) or for an application for renewal or modification.

**Please list amount submitted \$\_\_\_\_\_, attach to and submit with application. Checks or money orders shall be made payable to IDEM.**

**X. CERTIFICATION STATEMENT**

It is required by 327 IAC 15-4-3 (g) (3) that the following statement shall be included in the application. The authorized representative (as defined by 327 IAC 15-4-3(g)(2) and identified in item IIIa above) makes the following certification by signed and dating this section of the application below:

"I certify under penalty of law that this document and all its attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

\_\_\_\_\_  
Name and official title (type or print)

\_\_\_\_\_  
Area Code and phone No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

Submit completed form and attachments to the following address:

**Indiana Department of Environmental Management  
Office of Water Quality – Mail Code 65-42  
NPDES Permits Section  
General Permits Coordinator  
100 North Senate Avenue  
Indianapolis, Indiana 46204-2251**